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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

45th 10/20/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445254	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/03/2013
NAME OF PROVIDER OR SUPPLIER ONEIDA NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18805 ALBERTA DR ONEIDA, TN 37841		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protect hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to have hazardous areas equipped with self-closing doors.</p> <p>The findings include:</p> <p>Observation on September 3, 2013 between 11:35 a.m. and 11:55 a.m. revealed the following locations did not have doors that were self-closing:</p> <ol style="list-style-type: none"> 1. Janitors closet in kitchen. 2. Janitors closet in 500 hall. 3. Activity supplies in 500 hall. 4. Housekeeping supplies in 500 hall door closure has been removed. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on September 3, 2013.</p>	K 029	<ol style="list-style-type: none"> 1. Replaced door closures with self-closure devices per Maintenance Director on September 11, 2013. 2. 100% of all hazardous area doors were inspected on September 11, 2013 by Maintenance Director and all were found to have self-closing devices. 3. Maintenance Director was serviced on equipping hazardous area doors with self-closure devices by the Administrator on September 11, 2013. 4. Audit will be conducted by Maintenance Director of all hazardous area doors weekly times four weeks and then added by the Maintenance Director to the monthly preventative maintenance schedule. Maintenance Director will report findings to the monthly Quality Assurance and Performance Improvement Committee until 100% compliant. The Quality Assurance and Performance Improvement Committee consists of the Administrator, Director of Nursing, Rehab, Assistant Director of Nursing, Human Resource Director, Social Service Director, Housekeeping & Laundry Director, Restorative Nursing and Maintenance Director. 	09/11/13	

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.